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8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Petition to Revoke
12 Probation Against:

13 **GABRIELLE GOSNELL-CHAMBERS**
14 **3942 Regatta Drive**
Discovery Bay, CA 94505
Registered Nursing License No. 566102

15 Respondent.

Case No. **2004-317**

PETITION TO REVOKE PROBATION

16
17 Complainant alleges:

18 **PARTIES**

19 1. Louise R. Bailey, M.Ed., RN ("Complainant") brings this Petition to Revoke
20 Probation in her official capacity as the Interim Executive Officer of the Board of Registered
21 Nursing, Department of Consumer Affairs.

22 2. On or about April 13, 2000, the Board of Registered Nursing issued Registered
23 Nursing License Number 566102 to Gabrielle Gosnell-Chambers ("Respondent"). The
24 Registered Nursing License was in full force and effect at all times relevant to the charges
25 brought herein and will expire on March 31, 2010, unless renewed.

26 3. In a disciplinary action entitled "In the Matter of the Accusation Against: Gabrielle
27 Gosnell-Chambers," Case No. 2004-317, the Board of Registered Nursing issued a decision
28 effective December 3, 2004, in which Respondent's Registered Nurse License was revoked

1 immediately. The revocation was stayed and Respondent's Registered Nurse License was placed
2 on probation for a period of five years with specific terms and conditions. A copy of that decision
3 is attached as Exhibit A and incorporated by reference.

4 JURISDICTION

5 4. This Petition to Revoke Probation is brought before the Board of Registered Nursing
6 ("Board"), Department of Consumer Affairs, under the authority of the following laws. All
7 section references are to the Business and Professions Code unless otherwise indicated.

8 5. Section 118(b) of the Code provides, in pertinent part, that the expiration of a license
9 shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period
10 within which the license may be renewed, restored, reissued or reinstated.

11 FIRST CAUSE TO REVOKE PROBATION

12 (Condition 2: Participate in Treatment/Rehabilitation Program for Chemical Dependency)

13 6. At all times after the effective date of Respondent's probation, Condition 2 stated in
14 relevant part:

15 Based on Board recommendation, each week respondent shall be
16 required to attend at least one, but no more than five 12-step
17 recovery meetings or equivalent (e.g., Narcotics Anonymous,
18 Alcoholics Anonymous, etc) and a nurse support group as approved
19 and directed by the Board. If a nurse support group is not available,
20 an additional 12-step meeting or equivalent shall be added.
21 Respondent *shall submit dated and signed documentation*
22 *confirming such attendance to the Board during the entire period of*
23 *probation.* (emphasis added)

24 7. Respondent's probation is subject to revocation in that she failed to provide any
25 verification of attendance at Nurse Support Group meetings and Alcoholics Anonymous and/or
26 Narcotics Anonymous meetings from January through March 2009, and from April through June
27 2009. Said verification of attendance for the January through March 2009 meetings should have
28 been submitted to the Board by April 7, 2009. Verification of Respondent's attending the above-
referenced meetings from April through June 2009, should have been submitted to the Board by
July 7, 2009.

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1	April 15, 2009	Missed call
2	April 18, 2009	Missed call
3	April 21, 2009	Missed call
4	April 23, 2009	Missed test/Missed call
5	April 24, 2009	Missed call
6	May 6, 2009	Missed test
7	May 7, 2009	Missed call
8	May 9, 2009	Missed call

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10 THIRD CAUSE TO REVOKE PROBATION

11 (Condition 8: Comply with the Board's Probation Program)

12 10. At all times after the effective date of Respondent's probation, Condition 8 stated in

13 relevant part:

14 Respondent shall fully comply with the conditions of the Probation

15 Program established by the Board and cooperate with

16 representatives of the Board in its monitoring and investigation of

17 respondent's compliance with the Board's Probation program.

18 11. Respondent's probation is subject to revocation in that she failed to comply with

19 Probation Condition 8, referenced above, as alleged above and below.

20 FOURTH CAUSE TO REVOKE PROBATION

21 (Condition 11: Submit Written Reports)

22 12. At all relevant times after the effective date of Respondent's probation, Condition 11

23 stated:

24 Respondent, during the period of probation, shall submit or cause to

25 be submitted such written reports/declarations and verification of

26 actions under penalty of perjury, as required by the Board. These

27 reports/declarations shall contain statements relative to

28 respondent's compliance with all the conditions of the Board's

 Probation Program. Respondent shall immediately execute all

 release of information forms as may be required by the Board or its

 representatives.

 13. Respondent's probation is subject to revocation as she failed to comply with

 Probation Condition 11, as set forth in paragraph 9. Respondent failed to submit the required

1 written report for the period of January through March 2009, due on April 7, 2009, and failed to
2 submit the required written report for April through June 2009, due on July 7, 2009.

3 FIFTH CAUSE TO REVOKE PROBATION

4 (Condition 13: Employment Approval and Reporting Requirements)

5 14. At all relevant times after the effective date of Respondent's probation, Condition 13
6 provided in pertinent part:

7 Respondent shall notify the Board in writing within seventy-two
8 (72) hours after she is terminated or separated, regardless of cause,
9 from any nursing or other health care related employment with a
10 full explanation of the circumstances surrounding the termination or
separation.

11 15. Respondent's probation is subject to revocation in that she failed to comply with
12 Probation Condition 13. On July 9, 2008, Respondent was hired as a registered nurse at Sutter
13 Delta Medical Center in Antioch, California. Respondent was terminated from this position on
14 April 27, 2009, and failed to provide the Board with any notification regarding her termination.

15 SIXTH CAUSE TO REVOKE PROBATION

16 (Condition 17: Cost Recovery)

17 16. At all relevant times after the effective date of Respondent's probation, Condition 17
18 provided in pertinent part:

19 Respondent shall pay to the Board costs associated with its
20 investigation and enforcement pursuant to Business and Professions
21 Code Section 125.3 in the amount of \$7,052.25. Respondent shall
22 be permitted to pay these costs in a payment plan approved by the
Board, with payments to be completed no later than three months
prior to the end of the probation term.

23 If the respondent has not complied with this condition during the
24 probationary term, and respondent has presented sufficient
25 documentation of her good faith efforts to comply with this
26 condition, and if no other conditions have been violated, the Board,
27 in its discretion, may grant an extension of respondent's probation
28 period up to one year with further hearing in order to comply with
this condition. During the one year extension, all original
conditions of probation will apply.

1 17. Respondent's probation is subject to revocation in that she failed to comply with
2 Probation Condition 13, as she stopped making payments to the Board in December 2008.
3 Respondent's current outstanding balance owed to the Board is \$4,545.00.

4 PRAYER

5 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
6 and that following the hearing, the Board of Registered Nursing issue a decision:

7 1. Revoking the probation that was granted by the Board of Registered Nursing in Case
8 No. 2004-317 and imposing the disciplinary order that was stayed thereby revoking Registered
9 Nursing License Number 566102, issued to Gabrielle Gosnell-Chambers.

10 2. Revoking or suspending Registered Nurse License No. 566102, issued to Gabrielle
11 Gosnell-Chambers.

12 3. Taking such other and further action as deemed necessary and proper.

13 DATED: 8/11/09

14 Louise R. Bailey
15 LOUISE R. BAILEY, M.Ed, RN
16 Interim Executive Officer
17 Board of Registered Nursing
18 Department of Consumer Affairs
19 State of California
20 Complainant

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BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Gabrielle Gosnell Chambers
3942 Regatta Drive
Discovery Bay, CA 94514

Registered Nurse License No. 566102

Respondent.

Case No. 2004-317

OAH No. N2004060014

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on December 3, 2004.

IT IS SO ORDERED November 3, 2004.

Sandra R. Erickson

President
Board of Registered Nursing
Department of Consumer Affairs
State of California

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

GABRIELLE GOSNELL CHAMBERS
3942 Regatta Drive
Discovery Bay, California 94514

Registered Nursing License No. 566102

Respondent.

Case No. 2004-317

OAH No. N2004060014

PROPOSED DECISION

This matter was heard before Administrative Law Judge Jonathan Lew, State of California, Office of Administrative Hearings, on September 7, 2004, in Oakland, California.

Char Sachson, Deputy Attorney General, appeared on behalf of complainant.

Gabrielle Gosnell Chambers appeared on her own behalf.

The case was submitted for decision on September 7, 2004.

FACTUAL FINDINGS

1. Ruth Ann Terry, M.P.H., R.N. (complainant) is the Executive Officer of the Board of Registered Nursing (Board), Department of Consumer Affairs. She brought the accusation solely in her official capacity.

2. On April 13, 2000, the Board issued registered nursing license number 566102 to Gabriell Gosnelle Chambers (respondent). The registered nursing license was in full force and effect at all times pertinent to this matter. It will expire on March 31, 2006, unless renewed.

3. Respondent studied nursing at Wright State University, receiving her nursing degree in 1996. She then worked in several positions as a hospital staff nurse in Dayton and Columbus, Ohio, before moving to California in 1999. Between September 1999 and August 2000 she worked for Nightingale Nursing in San Leandro, California, as a long term care case manager. She currently works as a registered nurse for Health Net.

4. In July 2000, respondent applied to and was accepted into the Board's diversion program, Managed Health Network Services, Health Professionals Diversion Program. She had previously been in a diversion program through Ohio's nursing board and she sought to continue with diversion in California. Respondent acknowledged at that time that she was addicted to prescription drugs, primarily Stadol nasal spray and Vicodin. She disclosed a history of solitary drug use, preoccupation with drugs, drug use during working hours, drug centered behavior and rationalizing drug use. At that time she reported a five year history of using Stadol. She obtained Stadol through her ex-husband, a physician, and also through her neurologist. Respondent described a secondary substance problem with Vicodin and a tertiary substance problem with Demerol. She obtained Vicodin from her urologist and she obtained Demerol from her family practitioner. Respondent also admitted to taking Demerol from a hospital where she had worked. This was sometime during the period 1998-99.

She reported on a July 12, 2000 intake form that her date of last drug use was January 12, 1999, and that the past eighteen months represented her longest period of being clean and sober.

5. Over the period that respondent was in the Board's diversion program she was required to undergo drug screening. She tested positive for drugs on the following dates and for the following controlled substances:

- a. On September 27, 2000, respondent tested positive on a urine screen for Meperidine and Propoxyphene.
- b. On October 7, 2000, respondent tested positive on a urine screen for Meperidine.
- c. On October 10, 2000, respondent tested positive on a urine screen for Meperidine and Hydromorphone.
- d. On December 5, 2001, respondent tested positive on a urine screen for Meperidine.
- e. On February 13, 2002, respondent tested positive on a urine screen for benzodiazepines.
- f. On February 16, 2002, respondent tested positive on a urine screen for benzodiazepines.

On January 31, 2002, respondent attempted suicide by overdosing on Clonidine and valium. The positive urine screens obtained in February 2002, likely resulted from residual valium in her system from the January 31 overdose.

It was established that respondent, around the time that she tested positive for the drugs described above, used controlled substances to an extent or in a manner dangerous or injurious to herself.

6. Respondent attributes recent positive drug screens, with the exception of her January 2002 overdose, to periods of hospitalization or emergency room visits. She was hospitalized in May, August and November 2001; and in January 2002. She reports a history of chronic abdominal pain (endometrial implants and adhesions) and kidney stones. She underwent multiple procedures to have kidney stones crushed. In 2002, her blood count started to drop and by October 2002, and she was hospitalized with non-Hodgkin's Lymphoma. She reports being in and out of hospitals all of 2003, and finally getting back on her feet in February 2004.

Respondent has submitted emergency room records for August 21, 2000, when she was evaluated for complaints of abdominal pain. She was prescribed Darvocet (Propoxyphene) at the time. She was instructed to take one every 4 to 6 hours, as needed, for pain. She provided no other documentation to explain her positive drug screens on September 27, October 7 and 19, 2000. She acknowledges that diversion program staff asked her at that time to provide prescriptions or other documentation to explain the test results and that she failed to do so. She understood that one of the rules of California's diversion program is that if she was hospitalized or received medications, she was to advise diversion staff. She was also required to notify diversion when she was discharged.

It was established that at the time of her positive drug screens on September 27, October 7, and October 19, 2000, respondent did not have valid prescriptions for Meperidine or Hydromorphone. She did have a prescription for Propoxyphene.

7. Respondent provided documentation of having undergone a colonoscopy with biopsies on November 24, 2001. She received 1 mg of Demerol (Meperidine) and 7 mg of Versed during this procedure. She avers that she was hospitalized at John Muir Medical Center for a couple of weeks after this procedure and that this explains her positive drug screen on December 5, 2001. She provided no documentation of being hospitalized over this period. It remains unclear whether her positive drug screen on December 5, 2001, related to her being hospitalized at John Muir Medical Center. It may have. Accordingly, no finding is made regarding her having a valid prescription for Meperidine at the time she tested positive for this drug.

Respondent provided documentation that she was prescribed Clonidine and Valium upon her discharge from John Muir Medical Center on January 24, 2002. She overdosed on these drugs on January 31, 2002. As noted in Finding 5, this would also explain her positive urine screens in February 2002. It was therefore not established that she did not have valid prescriptions for Clonidine and Valium at the time that she tested positive for benzodiazepines.

8. Respondent acknowledges that she relapsed. She now considers February 2, 2002, the day after her suicide attempt, as her clean and sober date.

Respondent is candid about being an addict. Toward the end of 1998 she began taking Demerol from her workplace. At the time she was going through a very difficult divorce and custody battle over her children. The custody dispute continues to date. Her father was ill at that time and she was also fighting depression. She used drugs as a coping mechanism. Respondent reports being so depressed at that time that she could not sleep. She used Stadol nasal spray for migraine headaches and then on a more regular basis to help her sleep. Respondent notes that Stadol is very addictive. She also abused Vicodin, off and on, for migraine headaches. From January to August 1999 she participated in an eight-month outpatient rehabilitation program through Riverside Methodist Hospital in Ohio. She successfully completed that program. She also completed a behavioral health chemical dependency program through Kaiser in California. This was in 2000 - 2001. Respondent participated in twelve-step programs beginning in 1998. She initially attended 90 meetings in 90 days. She then attended 4 - 5 days per week through October 2002. This has since tapered off and over the past month and a half she has attended perhaps four meetings. Respondent has had the same sponsor over the past two years.

9. Respondent believes depression has been a big trigger for her drug abuse problem. She has had trouble with depression on and off over the years, culminating with her suicide attempt in January 2002. Respondent now takes Zoloft for her depression and reports that it is under control. She has a very good relationship with her primary care provider. She notes that he is aware of her situation and that he will bend over backward to be sure she will get proper pain control without using narcotics. Respondent is also seeing a counselor once a month through Kaiser and she finds these sessions to be helpful.

Respondent has remarried and her husband has been a big support to her. She has other family and friends within the AA community who are supportive and she also sees nurses who were formerly in her nurse support group. Respondent acknowledges that she has "slacked off" in her commitment to the 12-step program but she appears motivated to rededicate herself to a stronger recovery program.

Respondent feels much better about her situation and is hopeful that the child custody dispute will be resolved soon. She is in a good marriage. She also feels great physically. Her lymphoma condition is under control and in remission.

10. Respondent is in a good work situation. She works for Health Net, an insurance company, in a position that allows her to use her nursing knowledge without having any contact with medications. She sees no patients. She characterizes it as an ideal situation where she has been able to set herself apart. It is a full time position and she has expressed no desire to work elsewhere. As described, her

position appears to be well suited for one engaged in drug rehabilitation/recovery as she is.

Respondent loves nursing and the opportunity it affords her to help people. She understands that if she does not hold her addiction in check it will destroy the rest of her life. Her commitment to drug recovery appears both sincere and strong. At hearing she was open about her addiction history. She acknowledges the seriousness of her problems and she accepts full responsibility for the positive drug screens, even those where she may have had valid prescriptions. She is willing to cooperate with the Board and to be placed on probation under the most stringent conditions deemed appropriate.

Respondent appears to be a good candidate for Board probation. It would therefore not be contrary to the public interest to place her on probation at this time. Conditions of probation should include participation in a Board-approved treatment/rehabilitation program, drug screening, ongoing counseling and a mental health examination to confirm that she can practice safely as a registered nurse.

11. The Board has incurred the following reasonable costs in connection with its investigation and prosecution of this case:

Attorney General	FY 2004/2005	1.75 hrs @ \$139	\$243.25
Attorney General	FY 2003/2004	15.75 hrs @ \$132	2,079.00
Attorney General	FY 2003/2004	16.25 hrs @ \$112	1,820.00
Div. of Investigation	FY 2002/2003	24.25 hrs @ \$120	2,910.00
Total:			<u>\$7,052.25</u>

LEGAL CONCLUSIONS

1. Business and Professions Code section 2762 provides as follows:

In addition to other acts constituting unprofessional conduct within the meaning of this chapter [Nursing Practice Act], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

- (a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

- (b) Use any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.

2. Business and Professions Code section 4060 provides that "[n]o person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, or veterinarian, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.1, a nurse practitioner pursuant to Section 2836.1, or a physician assistant pursuant to Section 3502.1"

3. Cause for disciplinary action exists under Business and Professions Code sections 2762, subdivision (a), and 4060, by reason of the matters set forth in Findings 5 and 6. Respondent tested positive for controlled substances for which she did not have a valid prescription

4. Cause for disciplinary action exists under Business and Professions Code section 2762, subdivision (b), by reason of the matters set forth in Finding 5. Respondent used controlled substances to an extent or in a manner dangerous or injurious to herself.

5. Under Business and Professions Code section 125.3, the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case. The Board has incurred \$7052.25 in investigative and enforcement costs, which are found to be reasonable under Finding 11.

6. The matters set forth in Findings 6 through 10 have been considered in making the following order. It would not be contrary to the public interest to place respondent on probation at this time.

ORDER

Registered Nurse License Number 566102 issued to Gabrielle Gosnell Chambers is revoked pursuant to Legal Conclusions 3 and 4, jointly and individually. However, the revocation is stayed and respondent is placed on probation for five (5) years on the following conditions.

1. Severability Clause. Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application

thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

2. Participate in Treatment/Rehabilitation Program for Chemical Dependence.

Respondent, at her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the Board. If respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider respondent in violation of probation.

Based on Board recommendation, each week respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

3. Abstain From Use of Psychotropic (Mood –Altering) Drugs. Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, the respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of respondent's history of substance abuse and will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

4. Submit to Tests and Samples. Respondent, at her expense, shall participate in a random biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. Respondent is responsible for keeping the Board informed of her current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and respondent shall be considered in violation of probation.

In addition, respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board files a petition to revoke probation or an accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to participate in a random biological fluid testing or drug screening program within the specified time frame, respondent shall immediately cease practice and shall not resume practice until notified by the Board. After taking into account documented evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

5. Mental Health Examination. Respondent shall, within 45 days of the effective date of this decision, have a mental health examination including psychological testing as appropriate to determine her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by the Board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility of respondent. Recommendations for treatment, therapy or counseling made as a result of the mental health examination will be instituted and followed by respondent.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the Board and respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the Board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified respondent that a mental health determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to have the above assessment submitted to the Board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant documented evidence of mitigation is provided. Such evidence must establish good faith efforts by respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

6. Therapy or Counseling Program. Respondent, at her expense, shall participate in an ongoing counseling program until such time as the Board releases her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

7. Obey All Laws. Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this condition, respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

8. Comply With the Board's Probation Program. Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

Upon successful completion of probation, respondent's license shall be fully restored.

9. Report in Person. Respondent, during the period of probation, shall appear in person at interviews/ meetings as directed by the Board or its designated representatives.

10. Residency, Practice, or Licensure Outside of State. Periods of residency or practice as a registered nurse outside of California shall not apply toward a reduction of this probation time period. Respondent's probation is tolled, if and when she resides outside of California. Respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state.

Respondent shall provide a list of all states and territories where she has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the Board if she applies for or obtains a new nursing license during the term of probation.

11. Submit Written Reports. Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to respondent's compliance with all the conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which she has a registered nurse license.

12. Function as a Registered Nurse. Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the Board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

The Board may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of her good faith efforts

to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation shall apply.

13. Employment Approval and Reporting Requirements. Respondent shall obtain prior approval from the Board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related reports as a registered nurse upon request of the Board.

Respondent shall provide a copy of this decision to her employer and immediate supervisors prior to commencement of any nursing or other health care related employment.

In addition to the above, respondent shall notify the Board in writing within seventy-two (72) hours after she obtains any nursing or other health care related employment. Respondent shall notify the Board in writing within seventy-two (72) hours after she is terminated or separated, regardless of cause, from any nursing or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

14. Supervision. Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

- (a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.
- (b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.
- (c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.

(d) Home Health Care - If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the Board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by the respondent with or without respondent present.

15. Employment Limitations. Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

16. Complete a Nursing Course. Respondent, at her own expense, shall enroll and successfully complete a course relevant to the practice of registered nursing no later than six months prior to the end of his or her probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course. Respondent shall submit to the Board the original transcripts or certificates of completion for the above required course. The Board shall return the original documents to respondent after photocopying them for its records.

17. Cost Recovery. Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code Section 125.3 in the amount of \$7,052.25. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation will apply.

18. Violation of Probation. If respondent violates the conditions of her probation, the Board after giving respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation) of respondent's license.

If, during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board.

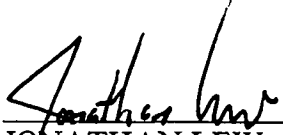
19. License Surrender. During respondent's term of probation, if she ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the conditions of probation, respondent may surrender her license to the Board. The Board reserves the right to evaluate respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, respondent will no longer be subject to the conditions of probation.

Surrender of respondent's license shall be considered a disciplinary action and shall become a part of respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

- (a) Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or

- (b) One year for a license surrendered for a mental or physical illness.

DATED: 9/22/04



JONATHAN LEW
Administrative Law Judge
Office of Administrative Hearings

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6 Attorneys for Complainant

7 **BEFORE THE**
8 **BOARD OF REGISTERED NURSING**
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

11 GABRIELLE GOSNELL CHAMBERS
12 3942 Regatta Drive
Discovery Bay, CA 94514

13 Registered Nursing License No. 566102

14 Respondent.

Case No. 2004-317
ACCUSATION

16 Complainant alleges:

17 PARTIES

18 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) brings this Accusation
19 solely in her official capacity as the Executive Officer of the Board of Registered Nursing,
20 Department of Consumer Affairs.

21 2. On or about April 13, 2000, the Board of Registered Nursing issued
22 Registered Nursing License Number 566102 to Gabrielle Gosnell Chambers (Respondent). The
23 Registered Nursing License was in full force and effect at all times relevant to the charges
24 brought herein and will expire on March 31, 2006, unless renewed.

26 JURISDICTION

27 3. This Accusation is brought before the Board of Registered Nursing
28 (Board), Department of Consumer Affairs, under the authority of the following laws. All section

references are to the Business and Professions Code unless otherwise indicated.

4. Section 2750 of the Business and Professions Code ("Code") provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

5. Section 2761 of the Code states:

"The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

"(a) Unprofessional conduct, which includes, but is not limited to, the following:

• • •

"(d) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter [the Nursing Practice Act] or regulations adopted pursuant to it."

...

6. Section 2762 of the Code states:

"In addition to other acts constituting unprofessional conduct within the meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

"(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

"(b) Use any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her

1 license.”

2

...

3

7. Section 2764 of the Code provides, in pertinent part, that the expiration of
4 a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding
5 against the licensee or to render a decision imposing discipline on the license.

6

8. Section 4060 of the Code provides, in pertinent part, that “[n]o person
7 shall possess any controlled substance, except that furnished to a person upon the prescription of
8 a physician, dentist, podiatrist, optometrist, or veterinarian, or furnished pursuant to a drug order
9 issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to
10 Section 2836.1, or a physician assistant pursuant to Section 3502.1.”

11

9. Section 125.3 of the Code provides, in pertinent part, that the Board may
12 request the administrative law judge to direct a licensee found to have committed a violation or
13 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation
14 and enforcement of the case.

15

10. DRUGS

16

Clonidine is a dangerous drug per Code section 4022, and is used for
17 hypertension.

18

Darvocet is a brand of propoxyphene, a Schedule IV controlled substance as
19 designated by Health and Safety Code section 11057(c)(2), a dangerous drug per Code section
20 4022, and is used for mild to moderate pain.

21

Demerol is a brand of Meperidine, a Schedule II controlled substance as defined
22 in Health and Safety Code section 11055(b)(1), a dangerous drug as defined by Code section
23 4022, and is used for relief of moderate to severe pain.

24

Dilaudid, a brand of hydromorphone hydrochloride, is a Schedule II controlled
25 substance as designated by Health and Safety Code section 11055(b)(1)(K), a dangerous drug per
26 Code section 4022, and is used for moderate to severe pain.

27

Stadol is a brand of butorphanol tartrate, is a Schedule IV controlled substance as
28 designated by Health and Safety Code section 11057(c)(3), a dangerous drug per Code section

1 4022, and is used for moderate to severe pain.

2 Valium is a Schedule IV controlled substance as defined in Health and Safety
3 Code section 11057(d)(8), a dangerous drug as defined by Code section 4022, and is used for
4 relief of anxiety.

5 Vicodin is a brand of hydrocodone bitartrate, a Schedule II controlled substance as
6 designated by Health and Safety Code section 11055(b)(1)(j), a dangerous drug per Code section
7 4022, and is used for moderate to severe pain.

8
9 FIRST CAUSE FOR DISCIPLINE

10 (Obtain or Possess Controlled Substances)

11 11. Respondent is subject to disciplinary action under sections 2762(a) and/or
12 4060 in that she obtained and/or possessed controlled substances in violation of the law. The
13 circumstances are as follows:

14 12. On or about September 27, 2000, Respondent tested positive on a urine
15 screen for Meperidine and Propoxyphene. At that time, Respondent did not have a valid
16 prescription for Meperidine or Propoxyphene.

17 13. On or about October 7, 2000, Respondent tested positive on a urine screen
18 for Meperidine. At that time, Respondent did not have a valid prescription for Meperidine.

19 14. On or about October 10, 2000, Respondent tested positive on a urine
20 screen for Meperidine and Hydromorphone. At that time, Respondent did not have a valid
21 prescription for Meperidine or Hydromorphone.

22 15. On or about December 5, 2001, Respondent tested positive on a urine
23 screen for Meperidine. At that time, Respondent did not have a valid prescription for
24 Meperidine.

25 16. On or about February 13, 2002, Respondent tested positive on a urine
26 screen for benzodiazepines. At that time, Respondent did not have a valid prescription for any
27 benzodiazepine.

28 17. On or about February 16, 2002, Respondent tested positive on a urine

1 screen for benzodiazepines. At that time, Respondent did not have a valid prescription for any
2 benzodiazepine.

3 18. On or about July 12, 2000, Respondent admitted to having taken Demerol
4 from the hospital where she worked in 1998 and 1999.

5
6 SECOND CAUSE FOR DISCIPLINE

7 (Use Controlled Substances)

8 19. Respondent is subject to disciplinary action under 2762(b) in that she used
9 controlled substances to an extent or in a manner dangerous or injurious to herself. The
10 circumstances are as follows:

11 20. On or about July 12, 2000, Respondent admitted that she was addicted to
12 prescription drugs, mainly Stadol NS and Vicodin. On or about July 12, 2000, Respondent also
13 admitted to having used drugs during working hours, and to having taken Demerol from the
14 hospital where she worked in 1998 and 1999.

15 21. On or about January 31, 2002, Respondent attempted suicide by
16 overdosing on Clonidine and Valium. Respondent had been prescribed Clonidine and Valium,
17 but she took them in excess of the prescribed amounts.

18 22. On or about September 27, 2000, Respondent tested positive on a urine
19 screen for Meperidine and Propoxyphene. At that time, Respondent did not have a valid
20 prescription for Meperidine or Propoxyphene.

21 23. On or about October 7, 2000, Respondent tested positive on a urine screen
22 for Meperidine. At that time, Respondent did not have a valid prescription for Meperidine.

23 24. On or about October 10, 2000, Respondent tested positive on a urine
24 screen for Meperidine and Hydromorphone. At that time, Respondent did not have a valid
25 prescription for Meperidine or Hydromorphone.

26 25. On or about December 5, 2001, Respondent tested positive on a urine
27 screen for Meperidine. At that time, Respondent did not have a valid prescription for
28 Meperidine.

26. On or about February 13, 2002, Respondent tested positive on a urine screen for benzodiazepines. At that time, Respondent did not have a valid prescription for any benzodiazepine.

27. On or about February 16, 2002, Respondent tested positive on a urine screen for benzodiazepines. At that time, Respondent did not have a valid prescription for any benzodiazepine.

PRA YER


WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nursing License Number 566102,
issued to Gabrielle Gosnell Chambers.

2. Ordering Gabrielle Gosnell Chambers to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

3. Taking such other and further action as deemed necessary and proper.

DATED: 5/6/24


RUTH ANN TERRY, M.P.H., R.N.
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant